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S. HAWKES

JUL 1 - 2009

EXAMINER

COVER LETTER

	Division of C		
SUBJE	CT:	NC	l Pensacola, LLC.
20202	<u> </u>		ted Liability Company
The enc	losed Articles	of Organization and fee(s) are	submitted for filing.
Please r	eturn all corres	pondence concerning this man	tter to the following:
_			David Howell
			Name of Person
_		Nation	al Constructors, Inc.
			Firm/Company
_		12002	Miramar Parkway
			Address
_			ramar FL 33025
			ty/State and Zip Code
-		jeanine.rodrigue	ez@nationalconstructors.com for future annual report notification)
For furt	ner information	concerning this matter, pleas	
		e Rodriguez	at (954) 4433060
	Name	of Person	Area Code & Daytime Telephone Number
Enclose	ed is a check f	or the following amount:	
] \$125.0	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	
NCI Pensaco	la, LLC.
(Must end with the words "Limited Liab	ility Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is?
Principal Office Address:	Mailing Address:
12002 Miramar Parkway	12002 Miramar Parkway
Miramar FL 33025	Miramar El 33025
The name and the Florida street address of the David H Name	lowell
12002 Miram	ar Parkway
Florida street address (P.C	<u> </u>
Miramar FL 33025	El
City, State,	and Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S
Registéred Agent's Signa	mre (KEQUIKED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Man. "MGRM" = Ma	ager anaging Member		
MGR		David Howell as President of Na 12002 Miramar Parkway Miramar FL 33025	ational Cor
			29 PH 4
(Use attachmen	• •		-
LE V: Effective fective date is leading after the	e date, if other than the listed, the date must b date of filing.)	date of filing: June 26, 2009 e specific and cannot be more than five	
LE V: Effective fective date is leading after the	e date, if other than the listed, the date must b date of filing.)		
LE V: Effective fective date is leading after the	re date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with se	e specific and cannot be more than five Cultiver or an authorized representative of a member cition 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjunction.	business days
LE V: Effective	se date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member of this document constitute the facts stated here.	e specific and cannot be more than five Cultiver or an authorized representative of a member cition 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjunction.	business days

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)